



**Office of Statewide Health Planning and Development
Request for Offer (RFO) #08-9113
Healthcare Impact Assessments**

Health Impact Assessments

You are invited to review and respond to this RFO. To submit an offer for these goods and/or services, you must comply with the instructions contained in this document. By submitting an offer, your firm agrees to the terms and conditions stated in this RFO and your CMAS contract.

Read this document carefully. The RFO due date is: **June 19, 2008 at 3:00 PM.** Responses to this RFO and any required copies must be clearly labeled and submitted by mail or hand carried to:

**Colleen Tschannen
Office of Statewide Health Planning and Development
400 R Street, Suite 250
Sacramento, CA 95811
Telephone: (916) 326-3822
Email Address: ctschann@oshpd.ca.gov**



May 22, 2008

General Information

1 Background and Purpose of the Request For Offer (RFO)

The Office of Statewide Health Planning and Development (OSHPD) is seeking a qualified consultant to provide health impact assessments for hospitals possessing non-conforming Structural Performance Category-1 (SPC-1) buildings. The health impact assessments will evaluate whether the removal of the building(s) from service will result in a healthcare impact that will create an underserved community.

Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (California Health & Safety Code §§ 129675, et seq.), establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. In 2007, Senate Bill 306 added Health & Safety Code §130061.5, which authorizes qualified hospital owners who do not have the financial capacity to bring SPC-1 buildings into seismic compliance by 2013 to, instead, replace those buildings by January 1, 2020, if they meet certain criteria.

Health & Safety Code §130061.5 specifies several different requirements that must be met for a hospital to receive relief from the SPC-1 retrofit or rebuilding deadlines of 2008 and 2013. The goal of the legislature is to help qualifying hospitals meet compliance requirements with the opportunity to rebuild their SPC-1 facilities by 2020 rather than retrofitting by 2013, while avoiding unnecessary risk to life or disability to staff or patients should a risky hospital fail in a seismic event.

The health impact assessment will be used by OSHPD to determine that removal of the building or buildings from service may significantly diminish the availability or accessibility of health care services to an underserved community.

A healthcare impact assessment may include, but not be limited to the following considerations:

- (1) The service area need for the healthcare facilities and health services in question.
- (2) The availability, quality of care, accessibility, and extent of utilization of other existing healthcare facilities and health services in the area of the hospital in question.
- (3) The extent to which the services in question provide needed access to healthcare for residents of the affected area.

2 Key Actions/Dates

Key Actions	Date
Release of RFO	May 22, 2008
Deadline for Contractors' Conference Advance Questions	June 3, 2008
Contractors' Conference	June 5, 2008, 3:00 pm
RFO Proposal Due Date (Received at OSHPD)	June 19, 2008, 3:00 pm
Anticipated Contract Award	July 7, 2008
Contract Effective Date	August 1, 2008
Healthcare Impact Assessment Report Completion Date	December 1, 2008
Contract Completion	March 31, 2009

3 Contractors' Questions

OSHPD will conduct a Contractors' Conference to respond to questions concerning this RFO. Interested contractors are invited to attend the conference on the date and time indicated above at the following location:

Office of Statewide Health Planning and Development
Healthcare Information Division
Attn: Colleen Tschannen
400 R Street, Ste 251
Sacramento, CA 95811

Email: ctschann@oshpd.ca.gov

It is preferred that prospective bidders submit questions in writing to [Colleen Tschannen](#) prior to the Contractors' Conference. Oral questions will be accepted at the Contractors' Conference. Responses to questions will be provided at the Contractors' Conference, and in writing, to prospective contractors within five (5) working days of the Contractors' Conference. Only this RFO and the written answers to questions may be relied upon by bidders in the preparation of proposals.

Please notify [Colleen Tschannen](#) if you plan to attend the Contractors' Conference.

No questions will be entertained after the Contractors' Conference.

4 RFO Proposal Requirements

This RFO and the contractor's proposal to this document may be made part of the CMAS order documents and the resulting contract file. One full copy of your approved CMAS must be provided with the proposal.

Proposals must contain all requested information and data, and must conform to the format described in this section. It is the contractor's responsibility to provide all necessary information for OSHPD to evaluate the proposal, verify requested information and determine the contractor's ability to perform the tasks and activities defined in the Scope of Work (Attachment A) and Cost Worksheet (Attachment B).

The contractor must submit its proposal to the department contact no later than **3:00 p.m. on June 19, 2008** in MS Word (version 2003 or higher) format document or in a portable document format (pdf) plus one (1) original and three (3) printed copies.

Late or incomplete RFO proposals will not be considered.

5 RFO Proposal Content

- a. Final Checklist (Attachment C) has been provided to ensure all requirements are included in the RFO offer submitted to OSHPD.
- b. Scope of Work (Attachment A) – Contractors must submit a proposal that maps each deliverable to the requirements. The proposal must include:
 - Planning and health impact assessment approach, including expected tasks and activities;
 - Understanding of the project/work requirements;
 - Proposed approach to complete the health impact assessment;
 - Qualifications of the firm including at least two (2) references from previous similar projects (reference name, title, company/agency, phone number and e-mail address are required); and
 - Qualifications of staff including resumes for each proposed project staff person.
- c. Cost Worksheet (Attachment B) – Must detail the flat-rate cost for each assessment based upon the listed scenarios.
- d. Administrative Requirements: Contractors must include all of the required or applicable items identified below:

Requirement Item	Requirement Status
Payee Data Record (STD 204)	REQUIRED.
Disabled Veterans Business Enterprise (DVBE) Preference	Not required. However, indicate in your proposal if you are a Certified DVBE and provide a copy of your DVBE certification.
Small Business Preference	Not required. However, indicate in your proposal if you are a Certified Small Business and provide a copy of your Small Business certification.
List of subcontractors	If used, your proposal must identify all subcontractors you intend to use for this project. Provide the subcontractor's firm name, address, contact person, and phone number. Subcontractors are subject to all CMAS terms and conditions.

6 Contractor Minimum Qualifications

The Contractor must:

- Be a qualified CMAS contractor in good standing with the Department of General Services;
- Have verifiable experience providing health impact assessments;
- Have designated a primary individual with verifiable experience in preparing health impact assessments;
- Demonstrate an understanding for assessment of community healthcare facility needs, including general acute care hospitals;
- Demonstrate an understanding of medically underserved communities and potentially designatable areas;
- Have experience with current health service area planning documentation;
- Have an understanding of OSHPD's technical and business environment.

7 Evaluation Process

Selection will be based on the best overall value. RFO proposals that meet all requirements as specified in paragraph 5 of this RFO will be considered “responsive.” Responsive proposals will be assessed using a two-step method to determine the selected offer.

Step 1 – Each proposal will be assessed based on the technical review factors/criteria as outlined in the following table. The technical review has a possible 50 points. Prospective contractors must receive, at a minimum, 35 points to be considered “responsive.” Proposals that fail to meet the minimum technical points will be rejected. Only the “responsive” offers will be elevated to Step 2.

Step 2 – Cost for each final report has a possible total of 50 points. The points will be determined according to the criteria/formula specified in the following table.

Category and Criteria	Points
EXPERIENCE & REFERENCES	MAXIMUM POINTS = 50
EXPERIENCE <ul style="list-style-type: none"> A. Knowledge and experience with health impact assessments. B. Knowledge measuring service experience levels in communities and other nearby areas of service C. Knowledge of hospital utilization in relation to the communities they serve D. Resumes and professional certifications E. Worked on similar projects 	<i>Possible Points: 20</i> Points maximum for each identified criteria (A=4; B=4; C=4; D=4 and E=4). Points are awarded to offers that adequately address experience and knowledge in each area listed (A-E).
APPROACH CLEARLY STATED <ul style="list-style-type: none"> A. Describe the services and the methodology your firm proposes for this project. B. Provide a project timeline and deliverables 	<i>Possible Points: 20</i> Points maximum for each identified criteria (A=10; B=10). Clearly describes the approach for each of the criteria listed.
REFERENCES <ul style="list-style-type: none"> A. References for extensive and verifiable experience in health impact assessments B. Reference for similar project comparable in scope to this project or a larger project <ul style="list-style-type: none"> - Provide references for similar projects - Previous work met expectations - Effective communication on issues 	<i>Possible Points: 10</i> Points maximum for each identified criteria (A=5; B=5).
Minimum of 35 points must be met on the above criteria.	

Category and Criteria	Points
COST and TIME TO COMPLETE	MAXIMUM POINTS = 50
<p>COST Include time, materials, and travel expenses to prepare each health impact assessment based on the scenarios listed below.</p> <p>Scenario #1: An eligible hospital has submitted an application for assessment and is located in a rural area with only one or two other similar facilities within a 10-mile radius.</p> <p>Scenario #2: An eligible hospital...located in a major metropolitan area with five or so other similar facilities within a 10-mile radius.</p> <p>Scenario #3: An eligible hospital...located in a major metropolitan area with 30 or so similar facilities within a 10-mile radius.</p> <p>Scenario #4: An eligible hospital...located in California with no other similar facilities within a 10-mile radius.</p> <p>Scenario #5: An eligible hospital with six or so other similar facilities within a 10-mile radius, some of which are separated by a geographical barrier.</p> <p>#1 Example, cost based on the scenarios listed above and offer per report (not to exceed): Establish Evaluation Criteria: \$5,000; (one time cost) Scenario #1: \$15,500 Scenario #2: \$32,000 Scenario #3: \$55,000 Scenario #4: \$8,000 Scenario #5: \$39,000 Total: \$154,500.00</p> <p>#2 Example, cost based on the scenarios listed above and offer per report (not to exceed): Establish Evaluation Criteria: \$4,300; (one time cost) Scenario #1: \$15,500 Scenario #2: \$31,000 Scenario #3: \$54,000 Scenario #4: \$7,000 Scenario #5: \$38,000 Total: \$149,800.00</p>	<p><i>Possible Points: 50</i></p> <p>Lowest offer receives the maximum points. Remaining offers are scored in proportion to the number of compliant offers received and the total points possible.</p> <p>For instance: If five acceptable proposals are received, based on a possible 50 points, the lowest cost offer would receive 50 points, the next lowest offer would receive 40 points, the next lowest would receive 30 points and so on.</p> <p>If two acceptable proposals are received: #2 Example = 50 points #1 Example = 25 points</p>

**REQUEST FOR OFFER
SCOPE OF WORK
ATTACHMENT A**

1) Scope and Description

The contractor will prepare health impact assessments for an unknown number of hospitals that meet the criteria of California Health & Safety Code § 130061.5(b)(3)(C). OSHPD does not guarantee that any hospital will meet these criteria.

2) General Project Tasks:

- A) **Establish Criteria Comparison:** Contractor shall determine the specific criteria to be used in reaching the eventual recommendation as to whether the removal of the building or buildings from service may significantly diminish the availability or accessibility of health care services to an underserved community.
- B) **Report and Recommendation:** Contractor will be required to provide a completed health impact assessment report, including a recommendation as to whether or not the hospital should receive an extension from the 2013 seismic retrofit requirement.
- C) **Availability to Answer Questions:** Contractor shall provide consultation services to answer questions regarding the final health impact assessment report conclusions & recommendations that are disputed by hospitals, on an as needed basis.

3) The Healthcare Impact Assessment Report:

Three (3) hard copies of the final report shall be provided plus an electronic copy of the report in MS Word (version 2003 or higher) or Portable Document Format (pdf).

The report shall include, but not be limited to, the following:

- 1) A statement of introduction and purpose;
- 2) Background and brief history of the hospital;
- 3) Hospital profile, including
 - a) Beds/Capacity
 - b) Key Statistics such as annual discharges, patient days, average daily census, number of medical staff members, number of employees, emergency department visits, babies delivered, service lines offered/provided, etc.
 - c) Programs and Services
 - d) Accreditations & Recognitions
 - e) Seismic Issues
 - f) Patient Volume
 - g) Payer Mix
 - h) Medical Staff
 - i) Financial profile
 - j) Cost of Services
 - k) Fair Pricing Information
 - l) Community Benefit Services

- 4) Service Area Analysis
 - a) Service area defined
 - b) Map
 - c) Demographic profile
 - d) Payer and insurance mix
 - e) Hospital supply, demand and market share
 - f) Comparative service area analysis
 - g) Service availability by bed type
- 5) Assessment of potential issues associated with accessibility and availability of healthcare services.
 - a) Importance to the community
 - b) Continuation as an acute care hospital
 - c) Specific specialty services
- 6) Consequences of general acute care closure beyond 2013
 - a) Effects on community benefit programs
 - b) Effects on the community
 - c) Effects on patient access
 - d) Effects on staff and employees
 - e) Possible alternative uses of the facility for healthcare
- 7) Conclusions
- 8) Recommendation as to whether the removal of the building or buildings from service may significantly diminish the availability or accessibility of health care services to an underserved community, and therefore should receive an extension to the 2013 seismic retrofit requirement.

4) Deliverables

Contractor is expected to provide the following key deliverables.

#	Deliverable Name	Frequency	Description
1	List of comparable criteria to be used for each report recommendation.	Due 15 days after contract award.	Contractor shall determine the specific criteria to be used to reach the ultimate recommendation as to whether the removal of the building or buildings from service may significantly diminish the availability or accessibility of health care services to an underserved community and therefore should receive an extension to the 2013 seismic retrofit requirement.
2	Initial Project Work Plan	Due 15 days after notification by OSHPD of a request for health impact assessment from a specific hospital.	Contractor must meet with OSHPD staff and the applicant hospital staff to discuss preliminary analysis performed by OSHPD staff, the criteria specified in Health & Safety Code §130061.5(b)(3)(C)(ii), and the qualifications of the hospital requesting the report. Work plan must include a project schedule, resources, and dependencies for activities planned.
3	Draft health impact assessment report	Due within 60 days of approved work plan.	Contractor shall provide a draft of the report and a recap of the services provided to produce the report.
4	Final health impact assessment report	Due within 10 working days of final suggested edits.	Provide a Final health impact assessment report that conforms to the requirements as specified. Three (3) hard copies of the final report shall be provided plus an electronic copy of the report in MS Word or Portable Document Format (pdf).
5	Monthly status reports	Monthly, Fifth (5 th) day of the Month	Must include activities planned and performed, deliverable status, and hours of work still needed to complete each of the reports being produced.
6	Availability to answer questions regarding conclusions & recommendations	As needed	A hospital may dispute the findings contained in the report, in some instances the contractor may need to be available to answer questions regarding their conclusions and recommendations.

i) Acceptance

OSHDP will be the sole judge of the acceptability of all deliverables produced by the Contractor as a result of this Contract.

ii) Dispute Resolution

Contractor's deliverables that fail to meet minimum OSHDP conditions, expectations, requirements or other applicable standards, specifications or guidelines, shall employ the following resolution process:

- OSHDP will notify Contractor in writing of deliverable non-acceptance by identifying the specific inadequacies and/or failures in the deliverables produced by the Contractor.
- The notification will occur within fourteen (14) business days of receipt of deliverable. If no notification is provided by OSHDP within fourteen (14) business days, Contractor may invoice and bill for the deliverable.

iii) OSHDP Responsibilities

OSHDP will:

- Assign a State Project Coordinator to direct the activities of the Contractor;
- Provide technical guidance and approval of methodologies;
- Review interim and completed deliverables;
- Accept all completed and approved deliverables;
- Make timely payment for the Contractor's work upon acceptance of key deliverables.

5) Travel

The cost for any travel-related expenses should be included in the Contractor's per scenario cost, and will not be reimbursed separately.

6) Additional Contract Terms

The contractor will be paid to establish evaluation criteria and on a one-time basis. Total cost for services proposed on this offer **shall not exceed \$495,000**, including travel costs, dispersed over the term of the contract.

The contract is subject to CMAS terms and conditions between the Contractor and the State of California. Payments will be made upon written acceptance by OSHDP of each health impact assessment. Payment for hourly consultation as set forth in Deliverable 6 shall be made monthly. Invoices must include the Purchase Order Number and be submitted in triplicate to:

Office of Statewide Health Planning and Development
Accounting Office
400 R Street, Suite 359
Sacramento, CA 95811-6213

**REQUEST FOR OFFER
ATTACHMENT B – ITEMIZED COSTS**

Contractor Name _____

CMAS # _____

Subcontractor(s) (if any) _____

Costs should be calculated to include time, materials, and travel expenses related to the formulation and preparation of each health impact assessment based on the number of licensed beds per hospital.

Cost to Establish Evaluation Criteria (one time cost)	\$
Cost per report (not to exceed):	
Scenario #1: An eligible hospital has submitted an application for assessment and is located in a rural area with only one or two other similar facilities within a 10-mile radius.	\$
Scenario #2: An eligible hospital has submitted an application for assessment and is located in a major metropolitan area with five or so other similar facilities within a 10-mile radius.	\$
Scenario #3: An eligible hospital has submitted an application for assessment and is located in a major metropolitan area with 30 or so similar facilities within a 10-mile radius.	\$
Scenario #4: An eligible hospital has submitted an application for assessment and is located in California with no other similar facilities within a 10-mile radius.	\$
Scenario #5: An eligible hospital has submitted an application for assessment with six or so other similar facilities within a 10-mile radius, some of which are separated by a geographical barrier.	\$
Hourly rate: Cost estimate for Contractor to be available to answer questions regarding conclusions and recommendations of the health impact assessment.	

Submitted by: (print) _____

Signature: _____

Date: _____

**REQUEST FOR OFFER
ATTACHMENT C
Final Checklist**

The offer package must include the following:

- ☐ Cover Letter identifying your firm's primary contact, phone number and email address
- ☐ Project Proposal – RFO Proposal
- ☐ Attachment B – Itemized Costs
- ☐ Payee Data Record (STD 204)
- ☐ One (1) copy on digital media in MS Word (version 2003 or higher);
Original and three (3) printed copies of the offer package.
- ☐ Full copy of your CMAS package.

ALL OFFERS MUST BE SENT OR DELIVERED TO:

Colleen Tschannen
Office of Statewide Health Planning and Development
Request for Offer #08-9113
400 R Street, Ste 250
Sacramento, CA 95811

**ALL PROPOSALS MUST BE RECEIVED AT THE ABOVE ADDRESS
NO LATER THAN 3:00 P.M. ON June 19, 2008.**

**RFO PROPOSALS RECEIVED AFTER 3:00 P.M. ON June 19, 2008
WILL BE REJECTED.**